

Application or Docket Number

570 9/2

(Column 1)	(Column 2)
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* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
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9.10.041

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

				FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
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- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=	/	OR	X\$18=	/
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X42=		OR	X24=	
+140=		OR	+280=	
TOTAL ADD 7. FEE		OR	TOTAL ADD 7. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X39=		OR	X318=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

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